should OCCUPATION PHYSICIANS RECORD statement ENT BINDIN Exact classified. pe should properly AG. INK ESERVE supplied. pe may certificate. # that 000 ARGIN terms, pinous plain DEATH IN Ö item OF Important. Every it

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St: Ward) a hospitat or institution, give its NAME tostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from Was en 6 DATE OF BIRTH (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR mio. ? BOCCUPATION (a) Frade, prefession, or (b) General nature of Industry, business, or establishment lo which employed (or employer) State or country) (Secondary) 10 NAME OF FATHER! 11 BIRTHPLACE ENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) _____ yrs, ____ mos. ____ ds. State Where was disease contracted. tt not at piace of death?dsual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," If the occupation has For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and quality as "Collapse." "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Dropsy," (name origin; "Can-"Exhaustion," Examples:



PHYSICIANS should state of OCCUPATION is very RECORD Exact statement PERMANENT EXACTLY. classified. should PLAINLY, WITH UNFADING INK-THIS properly AGE carefully supplied,
o that it may be p See Instructions on back of pinous of Information

WRITE

V. S. No. 1.

CAUSE OF I

N. B.

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City of orbs ml (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
mah Black Single, Marrier, Single	(Mouth) (Day (Year)
DATE OF BIRTH (Month) (Day (Year) 7 AGE	that I last saw h alive on ,191 ,191 and that death occurred on the date stated above, at 1 m.
8 yrs 1 mos 2.4 ds OR min. ?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Aul Verblin
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE	Contributory Secondary (Guration) (Signed) (Signed) (Signed) (Address) (Address)
12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OTHER OF MOTHER OTHER OTH	/*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Las lo Harl	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at piace of death? former or usual residence.
15 File Left, 20, 1914 AlPhillips.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OKESTICATE SCHOOL 21, 1814 20 UNDERTAKER ADDRESS MAD
If more blanks are needed address State Regist	trar, 6 E. Franklin S., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Physician, Compositor, Architect, Locomotive engineer, duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, -Precise statement of occupa-"Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) Never report



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N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. S St.; Ward) C, Beale STATE OF MARYLAND [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
RS MEDICAL CERTIFICATE OF DEATH
d) 16 DATE OF DEATH Month) (Day (Year) (Year) 17 I KEREBY CERTIFY, That I attended deceased from 1861
that I last saw have allow on 1914. If LESS than that death occurred on the date stated above, at 2 cm The CAUSE OF DEATH* was as follows:
Contributory Sifalia Must and Secondary (Buration) yrs. mos // ds
*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Af place In the ot death yrs. mos. ds. State yrs. mos. ds
Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUGUST 1914

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. becu chauged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (6)

Statement of cause of death—Name, first, the disease causing nearh (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a defiuite disease can be ascertained as the childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) ... cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanitlon," "Marasgenltal," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Seuile," etc.), "Dropsy," "Exhaustlon," (Recommendations on statement of For Vio-



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PHYSICIANS of OCCUPAT
.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION important. See Instructions on back of certificate.
B.—Every item of in CAUSE OF DEAT important. See Ir

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No..... [It death occurred in St:....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWEO, MA ORDIVORCED Write the word) (Month) (Day) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows:min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country At place In the of death yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Address) DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E Frankfin St., Balto., Requesting V 8 No. 1

[Approved by L. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

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item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS Important. See instructions on back of certificate. PLAINLY, WITH N. B.—Every item CAUSE OF

PLACE OF DEATH 9080

STATE OF MARYLAND CERTIFICATE OF DEATH

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Village or City Berkley (No), *FULL NAME Charles M.	Registration Dist. No. 184 [it death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 SEX 4 COLOR OR RACE MARRIED, Modower Write the word)	16 DATE OF DEATH SAN TO (Month) (Day) (Year) 17 () (I HEREBY CERTIFY, That) attended deceased from
S DATE OF BIRTH Movie (Day) (Year)	that I last saw h. 1914 allve on ally . 23 1914
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5.304 m. The CAUSE OF DEATH* was as follows:
a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. 1 mos. ds. Contributory Mitral Insufficiently (Secondary)
10 NAME OF FATHER COMPONITION 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) , M. D. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) And Colored Annual C	OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR MOSPITALS, INSTITUTIONS, INSTITUT
(Address) Berkley - Md. 15 Filed Sept 2, 1914 Jus Winship Registran Of If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL Larling for Com 2, 191.4. 20 UNDERTAKER ADDRESS Larling for Larling to 1, 6 E. Franklin St., Balton, Reducesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, mine, etc. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease causing disease in the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion," Examples: ds.;



1 PLACE OF DEATH 9081	STATE OF MARYLAND
County Carford	CERTIFICATE OF DEATH Registration Dist, No. 185
VIIIage or City Havre de Frace (No.	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead
*FULL NAME Mildred B	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, MARRIED, WIDGEL ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) (Year)
6 DATE OF BIRTH Occ. 21, 1913 (Month) (Day (Year)	that I last saw her alive on well I 1914.
7 AGE 8 11 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Cholera Sufaulum
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos 3 ds.
9 BIRTHPLACE (State or country) Harrede Grace	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER William Brue	(signed) It. Cleaner I. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
- Chroteene 10 very	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Harford Co,	At place Jo the of death yrs. mos. ds. Siale yrs. mos. ds. Where was disease contracted.
(Informani) Hernietta Brue	If not at place of dealh?
(Address) Carre de Grace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A Decrea AMS C. + Sept 4 101//
Filed Sept 4- , 1914 J. H. Bay	La Pennintendent de frace
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer statement. been changed or given up on account of the disease who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits ean be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puenpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopmcumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Exhaustion,"



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED

	PLACE OF DEATH	1 6	9	STATE OF MA	RYLAND
Col	unty Harford 9082	11/4	CEI	RTIFICATE C	OF DEATH
001		11		Register	ed No. /8
Vil	llage or City Bellcamp (No.		1	St.;Ward	[it death occorred in a hospital or institution give its NAME losteat
	FULL NAME A. Mary	E. Burn	Kley	***************************************	of street and number.]
	PERSONAL AND STATISTICAL PARTICULAR	5	MEDIC	AL CERTIFICATE O	F DEATH
Fen	4 COLOR OR RACE 5 SINGLE, MARRIED, Mar whole white who we or	ried _	DATE OF DEATH	September (Month)	Day) (Year)
6 DA	TE OF BIRTH May 31	1833	March 10!	, 1914 to Sept	28 12 1914
	(Month) (Day)	(Year) that	t I last saw h.e.	alive on the	191
7 AG		day,hrs.		d on the date stated !* was as follows:	71 - 1 -
800	S/ yrs. 3 mos. 29 ds.	ORmin. ?	Cardo	tisshou	watera
(a) 1	Trade, profession, or icular klod of work		und Ports	isti zle	matica
(b) (busin	General nature of iodustry, ess, or establishment in		tout time for	ration un	Huoron was si
9 BIF	att or country) Wurtenberg, Germa		Contributory MA		es of age
	10 NAME OF BOOL	(Sig	HANGE	ard Opper	mos di
RENTS	11 BIRTHPLACE OF FATHER (State or country)	i teft	Store of Disman	· , , , , , , , , , , , , , , , , , , ,	In deaths from Violent
<	(State or country) 12 MAIDEN NAME OF MOTHER OF WOTHER	CT	AUSES, state (1) Mi	MICIDAL.	1 (2) whether Acciden-
0	13 BIRTHPLACE OF MOTHER (State or country) Sermany	At p	LENGTH OF RESIDENTS lace eath yrs m	In the	INSTITUTIONS, TRANSIENTS
14 TH		DOF Whe	re was disease contracte of at place of death?	d,	0000 000 000000000000000000000000000000
(1	informant) George F. Burkley	Fort	mer or al residence		
	(Address) Beloamp me	/		OR REMOVAL	DATE OF BURIAL
	(Hadisas)				
1 5	Opt 1 1 lolderoni	w 20	UNDERTAKER	inity !	ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cases, especially in industrial employments, it is necness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has mine, etc. For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUTRPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Meastes (disease causing oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 8 1914

V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Coi	1 PLACE OF DEATH 9083	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 28
VIII	2FULL NAME Margaret 6	St.; Ward) [If death occurred le a hospital or institution, give its NAME iostead ot street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Many 1913, to Many 1915
	(Month) (Day (Year)	that I last saw hely alive on Soft 20 ,1914
7 A C		and that death occurred on the date stated above, at B. C.f. m. The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or floure work Ticular kind of work	
(b) bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration) yrs 18 mas ds.
	RTHPLACE (State or country) Philadelphia,	Contributory Secondary (Guzation) vrs Ames ds
	10 NAME OF John Matery	(Signed) yrs mos ds
PARENTS	of FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAR	12 MAIDEN NAME Larah Neil	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Dreland	At place in the of death yrs, mos ds. State yrs, mos ds
	(Informant) The form the best of MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
15	(Address) Markede France S. t. N.,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Coffman Chafus Left 24, 191 X 20 UNDERTAKER ADDRESS
File	ad Sleft 2.3, 1914 Sur Office for REGISTAR	2 a Running of Hole Grace
	If more blanks are needed, address State Regis	tra, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lajury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Auaemia" (merely symptomatic), "Atrophy," nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for mallgdent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopmcumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Can The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations ou statement of The nature of the For Vio-



N. B.—Every item c CAUSE OF I Important. S

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V. S. No. 1.

state Very

Exact statement of

County Harfad 9084	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 184
Village or City Pegleovelle (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make White Single, married widowed, or Divided (Write the word)	16 DATE OF DEATH Self (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE	that I last saw has a silve on Suff 2 1914. and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Paralegaus (Duration) 4 yrs. mos. ds.
which employed (or employer) **BIRTHPLACE* (State or country) **The country of the country of	Gontributory Secondary
10 NAME OF FATHER Refarchia East 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OT, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) where	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place in the of death yrs, mos, ds. State yrs, mos. ds. Where was disease contracted,
(Informant) Lear Carr (Address). Pyleville mod	for at place of death?————————————————————————————————————
16 Seff 4 1016 h 11) m reall	20 UNDERTAKER Regard Co. ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the "Contributory." The contributory "Old Age," "Shock," "Uraemla," "Weakness," Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) Never report For VIO-



(Address)

15

Filed

should OCCUPATION PHYSICIAN RECORD 90 PERMANENT ciassified. 4 -THIS INK pe UNFADING WITH PLAINLY. DEATH WRITE 5 Item OF

certificate. Jo terms, on back 00 ATH in plain instructions See mportant. Every Ite

PLACE OF DEATH 9085	1.3
County Harford.	(11,3)
Village or City Larede Sons	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. N

.Ward)

OR REMOVAL-

If death occurred is a hospital or institution. give its NAME instead

DATE OF BURIAL

ADDRESS

of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, MARRIED. WIDOWED. (Month) (Day (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE if LESS than and that death occurred on the date stated above, 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Vielent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ State _____ vrs. _ Where was disease contracted. If not at place of death? Former or

> 20 UNDERTAKER REGISTRAR

usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) "Contributory." such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

9086



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and oumber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	Color of RACE Single, MARRIED, WIDOWED, ORDINORCEO (Write the word)	16 DATE OF DEATH Set 25 , 1914 (Month) (Day (Year)
6 D		that I last saw h & alive on SE/E 26, 1914, and that desth occurred on the data stated above, at 2 9 m,
(s) pa	Trade, profession, or ricular kind of work.	The CAUSE OF DEATH* was as follows: Capellary Brunchitis
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Ouration)yrsmos. & ds.
i	10 NAME OF FATHER JM Davis	Secondary (Doration) yrs mos ds. (Signed) ### Dradley , M. D. Rest 27, 191 # (Address) Gametts alle Old
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place to the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
	(Informant) Colet Guann	If not at place of death?————————————————————————————————————
16 FI	(Address) Authority Mg Md REGISTRAR If more blanks are needed, Authoress State Regis	Jedral Hill Germ rety Sept 28 , 1914 20 UNDERTAKER 6 4 Kutz Ason Gerar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skuli, and consequences (e. g., valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." (Recommendations on statement by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasdent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion,"



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH ON ST	STATE OF MARYLAND
my Hartord	CERTIFICATE OF DEATH
County Carry	Registration Dist, No. 185
Villags or City Carrete Sace (No	St.; Ward) [If death occurred in a hospital or institution, give lits NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale While 5 single, Married orbivorged (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
January 18 1873	that I last saw her alive on Acht 6 1914
7 AGE (Month) (Day (Year)	
41 7 19 1 day,hrs.	in the state of th
9 OCCUPATION	Carcino ma of
(a) Trade, profession, or particular kind of work	The delove organs
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs 6 mos. ds.
9 BIRTHPLACE (State or country) Carrede Frace	Gontributory Secondary (Barollea)
10 NAME OF John Coendris	(Signed) (Si
H 11 BIRTHPLACE OF FATHER (State or capatry) (State or capatry)	1914 (Address) Developed 194
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER TIME & Miderman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of death yrs, mos, ds. State yrs, mes, ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) M. C. Faley	Former or usual residence
(Address) Karredelmace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Sept 9 1914 J. 21-1Bay	ME Ern Cometary Leaf 9, 1914 20 UNDERTAKER ADDRESS
REGISTRAR	1 De Pinner der In / de prace
If more blanks are needed, address State Reg	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatemeut. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scuile," etc.), "Dropsy," "Exhaustion, thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Mcasles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of The nature of the Never report

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH

9088

(104)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 180

Village or City Works (No. 1900) 2FULL NAME Thomas Fra	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, wingle word)	16 DATE OF DEATH Sept. 971. (Month) (Day (Year)
6 DATE OF BIRTH MOV 10 , 1913 (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from Sept. 7th 1914, to Sept. 7th 1914, that I leat sew him alive on Sept. 7th 1914.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date atated above, at 10 mm, The CAUSE OF DEATH* was as follows: Acute Entero-Colilis
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Balto Country)	Contributory Secondary (Doration) yrs mos ds.
10 NAME OF FATHER FISCHET FRAGEN 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) A, T. Cacc Sibb , M. D. Signed , 1914. (Address) Sol air led *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Batto city 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Josephine Crayle	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address)	19 place of Burial or REMOVAL DATE OF BURIAL Mary Country Sept 10, 1914 20 UNDERTAKER DEVOE GORRESS LA CORNERS LA CORNERS

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), may be stated under the head "Dropsy," "Exhaustion," The nature of the Never report



V. S. No. 1.

(Address)

15

PHYSICIANS should state N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT INK-THIS IS UNFADING Important. See Instructions on back of certificate. WRITE PLAINLY, WITH

PLACE OF DEATH 9089 County / May 2000 Village or City Model 2FULL NAME DAM	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 18 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE SINGLE, MARRIED, WIDOWED, ORDIVORCEO ORDIVORCEO (Write the word)	16 DATE OF DEATH Self 4, 1914 (Month) (Day (Year)
Onte of Birth Seft Month) Day (Yeaf)	17 i hereby certify, that i attended decessed from
TAGE State or yrs mos. ds. or min.? Cocupation (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows: Live born Principle about Skees)
which employed (or employer)	(Duration)ds.
9 BIRTHPLACE (State or country) Many land 10 NAME OF FATHER Annual Palles 11 BIRTHPLACE OF FATHER (State or country) Many lynid 2 Many land of Many lynid 2 Many land of Many lynid 2 Many lynid 3 Many lynid 4 OF MOTHER	Contributory Secondary (Guration) yrs mos os. (Signed) (Signed) (Address) Permyssee Dust. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Annual Siles	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the order of death yrs

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

DATE OF BURIAL

APDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an CAUSING DEATH, state occupation at beginning of iliwho receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specfstatement. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puebperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuli, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (seeondary), 10 ds. The contributory (secondary or intercurrent) Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



UNFADING INK-THIS IS A PERMANENT RECORD

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V. S. No. 1.

WRITE PLAINLY, WITH

-Every item of information should be CAUSE OF DEATH in plain terms, se

N. B.

1 PLACE OF DEATH

9090

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BEX Made & COLOR OR RACE SINGLE, MARRIED, WIDOWED, IN ANDUN OR DIVORCED OR DIVORCED OR DIVORCED WOOD WITH the WOrd)	16 DATE OF DEATH 292 10 , 1914 (Month) (Day (Year)
Month (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended decessed from 25 June 1914, to the fine deal[191
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the data stated above, at 5 mm. The CAUSE OF DEATH* was as follows: Chronic M2 plus to
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Several Years (Duration) yrs mos ds.
10 NAME OF FATHER Depter Heaville	Contributory Secondary (Dyration) yrs mos ds. (Signed) William V. Hiller M. D. , 191 (Address) Bel Acc Md
OF FATHER (State or country) Hay do not 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country) Hay do lot la de l	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) The Chieffer Thrue	ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence
Filed 12, 1914 P. Edgar Degran & REGISTRAR	19 PLACE OF BURIAL OF REMOVAL LINE MUCH CONCLUY STATEMENTS, 1916 20 UNDERTAKER ADDRESS ADDRESS

6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulests of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State eause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenltal," "Scnile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "PUERPERAL septichae-"Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PRECEIVED

OCT 8 1914

BUREAU.V.S.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN 7. S. No. 1.

Village or City Edgewood (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred le a hospital or institution, give its NAME lostead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Wale Wale Wild Source Married, Wildowed, Wildowed, Wildowed, Wild the word Source (North) (Month) (Day) (Year) Tage If Less than f day, hrs. garmen Soccupation (a) Trade, profession, or particular kind of work (b) General nature of lodustry, business, or establishmeat in which employed (or employer) BIRTHPLACE (State or country) Cagewood Ma.	16 DATE OF DEATH (Month) 30 (Day) (Year) 17 I HEREBY CERTIFY, That I strended deceased from 18 J. 191 to Left 30 191 4 that I last saw have alive on one sept 27, 191 4 and that desth occurred on the date stated above, st 8550 m. The CAUSE OF DEATH* was as follows: Adaptives Described to the date stated above, st 8550 m. (Duratien) yrs. 2 mes. 4s. Contributory (Secondary) (Deration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) 15 Filed 191 Lobbioling REGISTRAR	(Signed)

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations fication, as-Day-laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUBING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerpural septichaeetc., when a definite disease can be ascertained as the injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples: For VIO-



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OCCUPATION IS pinous

RECORD

PERMANENT

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. / 82
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-Ward)

Ilf death occurred lo a hospital or institution. give its NAME Instead

ADDRESS

of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. State yrs. Where was disease contracted. KNOWLEDGE If not at placs of death? Former or usual residence. 19 PLACE OF BURIAL OR, REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

. Physician, Compositor, Architect, Locomotive engineer, essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neceated thus: Scrvant, Cook, Housemaid, etc. If the oeeupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the eausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer; Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or misearriage as "Puerperal septichaeture of the American Medleal Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL perilonilis," etc. State ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measics (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondcnee. All the data is essential and must be obtained before the certificate is permanently filed.

OCT 3 1914

No. 1. m

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PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS IS AGE carefully supplied. that it may be See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

[It death occurred in

	FULL NAME Michael T. 74	ollihau give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	Cale World (Write the word)	16 DATE OF DEATH OF LEWIS (Month) (Day (Year)
6 D	ATE OF BIRTH TOTAL (1875) (Month) (Day (Year)	that I last saw has alive on Cefat 44 191
7 _A	(= 0.00)	and that death occurred on the date stated above, at
(a pa	CCUPATION) Trade, profession, or stoce Heefser rilcular kind of work	Mones Valoular Heart descare,
bus	General nature of Industry, slness, or establishment in ich employed (or employer)	(Ouration) 3 yrs. mos. ds.
9 B	10 NAME OF FATHER D'A TO THE CO	Contributory Secondary (Doration) yrs dos. ds. (Signed) Avvduard M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accured
PAF	13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds.
	(Informant) The Best of MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence.
15	Jul-12 and O 2/ Brus	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER DATE OF BURIAL 20 UNDERTAKER ADDRESS
FIL	REGISTRAR	Ja, Peccingtonson Rde Space

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Scirrant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of...... (name origin; "Can ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Fuenperal septichac-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head State cause for Never report

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR BINDING RESERVED MARGIN

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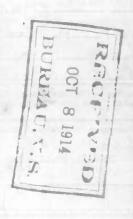
PLACE OF DEATH 9094	STATE OF MARYLAND
1000/00/	CERTIFICATE OF DEATH
Gounty Mariona	Padistand No. 188
0.0. 6	Registered No.
Village or City Dellamp (No.	St; Ward) [If death occurred in a hospital or institution,
all + 0	give its NAME instead of street and nomber.]
* FULL NAME WEST YERSEY	et duces and annes.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH SLOT 9th 1014
WIDOWED.	(Month) (Day) (Year)
male White (Write the word)	17 HEREBY CERTIFY, That I sttended deceased from
6 DATE OF BIRTH 4 22 1859	May 25th, 1914, to Sept 4th, 1914,
(Month) (Day) (Year)	that I last saw h MM alive on Slot 4th 1914
7 AGE It LESS than	and that death occurred on the date stated above, at // # Pm.
1 day, hrs.	The CAUSE OF DEATH* was as follows:
55 yrs 4 mos. / 8 ds. OR min. ?	
(a) Trade, profession, or farmer	
particular kind of work	
(b) General nature of industry, business, or establishmeat to	Incumonia (Duration) yrs mos 10 ds.
which employed (or employer)	Observe on Richa Glass
BIRTHPLACE (State or country)	(Secondary)
Bohima	(Deration) yrs 3 mos /3 ds.
10 NAME OF ASSOCIATION	(Signed) . U. Callahari M. D.
M 11 BIRTHPLACE	191 (Address) Belevip Md
OFFATHER (State or country) Bohours	*State the DISMASE CAUSING DEATH, or, In deaths from VIOLENT
OF FATHER (State or country) Bohners 12 MAIDEN NAME OF MOTHER 4 John Krow	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER done Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE	At place la the
(State or country) don't (now	of death yrs mos ds. State yrs mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) about Jarsey Jr	Former or usual residence
Baland WIL	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	10' C x x 1: 1 Sept 11
16 Sel 1-12 1 lolo brown	20 UNDERTAKER ADDRESS
Filed 1914 O FCO REGISTRAR	Howard K Mclonna About golen
	ur, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; who have no occupation whatever, write None. causing death, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should he used only when needed. As examples the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age mine, etc. For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUEEPERAL peritonitis," etc. State childbirth or miscarriage, as "Purreran septichaecause. etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may he stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles (disease causing "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: cause for For VIO-



RECORD INK-THIS IS RESERVED WRITE PLAINLY, WITH UNFADING MARGIN

PLACE OF DEATH 9095	STATE OF MARYLAND
County Hartrak	CERTIFICATE OF DEATH
VIIIage or City Especial (No.	Registered No. [If death occur a hospital or last give its NAME is
* FULL NAME Box ama Bari	lara Hannerer of street and nomb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX MARRIED, WIBOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Seff 28 (Month) (Day) (Yea
6 DATE OF BIRTH Nov. 222, 1877 (Month) (Day) (Year)	that I last saw h & alive on Que 20, 19
7 AGE 36 yrs. 6 ds. 0Rmin.?	and that death occurred on the date stated above, at 11,500. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Deret Sudden (Duration) (Duration) (Duration) (Duration) (Duration)
SBIRTHPLACE (State or country) Harfun 6 ml	(Secondary) How well ash when realizant (Deration) yrs mos.
10 NAME OF Sherry Believe	(Signed) Meyer ACD.
OF FATHER (State or country) 12 MAIDEN NAME OF THE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLI CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCID TAL, SUICIDAL, OF HOMICIDAL.
of Mother Throy Spulker 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mes Where was disease contracted,
(Informant) Am C Kannsules	Former or usual residence
16 Sell 9 4 le	19 PLACE OF BURIAL OR REMOVAL Stephen 20 UNDERTAKER ADDRESS
	Howard K Melana Abougdo

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealor," etc., without more precise speciadditional line is provided for the latter statement; Civil engincer, Stationary freman, etc. But in many CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as material Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) who have no occupation whatever, write None Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the MAR TUBBICK, Luborer-ACOGE Salcsman, As examples: For persons The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Puzzereal septichaecause. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debiity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," tctanus) may be stated under the head Measles (disease causing Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. (name origin; "Can-State death), 29 ds.; Examples: cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 8 1914 BURREAU, V. S.

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OF Every item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.Ward)

It death occurred la a hospital or institution,

give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVERCED (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH 1.860 (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE ., 191 (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. (State or country _ ds. State _____ yrs, ____ mos. _ Where was disease contracted. It not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR

ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) : Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligwhich surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as ture of the American Medical Association.) ".Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED 00T 8 1914 BUREAU. V.S.

V. S. No. 1.

N. B.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF I

14 -

16

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registr

St .:--

ation Dist.	No.
Ward)	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
IFICATE OF D	EATH
to Sef	(Day (Year) tended deceased from 10 ,191.4. 7 ,191.4. ove, at 10 Q. m.
	yrsdsds.
llett Fall	
1-	TITUTIONS, TRANSIENTS,
In the	yrs, ds
leng &	ATE OF BURIAL

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 58	MARRIED, WIDOWED,	16 DATE OF DEATH Sefet 10, 1914 (Month) (Day (Year)
16	male Mile (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
D/	ate of BIRTH anknown	Sept 9 , 1914, to Sept 10 , 1914.
	(Month) (Day (Year)	that I last saw he alive on Left 9 , 1914.
TAC	If LESS than	and that death occurred on the date stated above, at 10 Q m.
0	about 60 yrs mos ds. 1 day min.?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or clicular kind of work	Largugel + Valuonary de breulania
busi	General nature of Industry, iness, or establishment in ch employed (or employer)	(Duration)
9 81	RTHPLACE (State or country) Harfind & Bid	Contributory Secondary (Duration) yrs. mos. ds.
	10 NAME OF John Rowney	(Signed) REGISCO, M. D.
ENTS	OF FATHER (State or country) Iseland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL CAUSES (1) MEANS OF INJURY; and (2) WHETHER CAUSES (1) MEANS OF INJURY; and (3) MEANS OF INJURY; and (4) MEANS O
PAR	12 MAIDEN NAME OF MOTHER Annia Heline	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) I reland	At place In the of death yrs mos ds. State yrs mos ds
4 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) nam Roney	Former or usual residence
	(Andress) Fallston Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	of Lyt 12 1914 li Edgar Dean	20 UNDERTAKER ADDRESS MA
	REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question CAUSINO NEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Never rcturn "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) "Foreman," (6)

Statement of cause of death—Name, first, the disease causino neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Contributory." The contributory (secondary or intercurrent) totanus) may be stated under the head of (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAUTED

BUREAUTES

S. No.

N.B.

PERMANENT RECORD stated EXACTLY. 4 UNFADING INK-THIS IS pinous AGE PLAINLY, WITH should be

WRITE

PHYSICIANS should state of OCCUPATION is very Exact statement properly classified. may be s See instructions on back of certificate. carefully o Every item of information CAUSE OF DEATH in piai Important.

PLACE OF DEATH 2F

14 THE ABOVE (Intormant)

TAGE

15



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:Ward)	[If death occurred in a hospital or Institution
. 1	give its NAME instead

DATE OF BURIAL

ADDRESS

	FULL NAME Cathering	Me Donald of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Ex Color or RACE Single, MARRIED, MODEL WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 27 , 1914 (Month) (Day (Year)
8 D	Februs 19 1835	that I last saw he wally on Ash 27, 1914
(a)		and that death occurred on the date stated above, at 8,307 m. The CAUSE OF DEATH* was as follows: Lecture Tubesculose
bus Whi	General nature of industry, iness, or establishment in ich employed (or employer) RTHPLACE (State or country)	Contributory Descele Mellelu Secondary
PARENTS	10 NAME OF FATHER Patrick Kearse 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
	of Mother Mary Colland 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
	Marchen Mchanged	It not at place of death?

usual residence.

20 UNDERTAKER

PLACE OF BURIAL OR REMOVAL

unn

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

(Address)

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" Is less definite; avoid use of "Tumor" for mallgcause of death approved by Committee on Nomenelascpsis, tctanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sareoma, etc., of...... (name origin; "Can ture of the American Medical Association.) such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puenperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

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BERGYEVEN & 1817

AGE should be

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-Every item of information should be CAUSE OF DEATH in plain terms, s

PLACE OF DEATH 9099 STATE OF MARYLAND CERTIFICATE OF DEATH

County Fransava	J CHARTE OF BEARING
	Registration Dist, No.
Village or City Sherdeler (No.	St.; Ward) If death occurred la
	a hospital or institution, give its NAME instead
	of street and oumber.]
2FULL NAME DAM OW	Mer y usefulle
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Leman de La Midowed, married	(Month) (Day (Year)
(Write the word)	17 I HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH	11/12-
-ebmand, 19th, 1841	120
(Month) (Day (Year)	that I last saw her alive on Apr 23 1914
TAGE If LESS than	and that death occurred on the date stated above, at
M/ M 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrsds. ORmin. ?	THE GROSE OF BEATHER Was as follows:
BOCCUPATION	
(a) Trade, profession, or particular kind of work hower market	Cephanelion-Necony-ter
(b) General nature of Industry,	V
business, or establishment in	(Ouration) 2 yrs, mos, ds.
which employed (or employer)	Probable a 111
BIRTHPLACE (State or country)	Gentributory novably Contrate hymnorhage
10 NAME OF	Doub Wealt (Ouration) yrs mos ds.
FATHER WAS TO TO	(Signed) / Vollennesty M. 11
11 BIRTHPLACE	Select 28 miles and it is
of FATHER Varyonal Co	1917 28, 1914 (Address) almotine had
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER OF MOTHER	
13 BIRTHPLACE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
OF MOTHER (State or country)	At place In the
	of death yrs mos ds. State yrs mos ds Where was disease contracted.
THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) June where Michel	Former or
1 ala la - ma for	usual residence.
(Address) Weraller, Ma	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Thord ameters Syst. 2 9: 1914
Filed Styl 78 1914 Whichas	WO UNDERTAKER ADDRESS
REGISTRAN	Message of the life of the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuboreulesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite discase can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid usc of "Tumor" for mallyoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Bronchopneumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent)



county Harfold	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 18
Village or City Werdeen (No	St.; Ward) [If death occurred in a hospital or institution,
2 FULL NAME albert m	give Its NAME Instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male) 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	18 DATE OF DEATH Opt. 3 (Menth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	once 191 to sept. 13 1914
(Math) (Day (Year)	that I last saw h alive on Sept. 13, 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 12 P, m.
14 yrs 4 mos 23 ds OR mln.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. Laborer	Convilsions
(b) General nature of Industry, business, or establishment in which employed (or employer)	24 Horu (Quration) yrs. mos ds.
State or country) Balts. md.	Secondary (Buration) Out (Buration) Out (Buration) Out (Buration) Out (Buration) Out (Buration)
10 NAME OF Lederick W. Morgan	(Signed) * Henricky . M. D.
11 BIRTHPLACE OF FATHER (State or country) Balts. Md. 12 Main NAME OF MOTHER 1 40 40	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother Kathley Hynn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country Balta. md.	or Recent Residents) Af place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) line Hynn	Former or usual residence
(Address) Balto md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 A 11 1 OC 20: 1 1	Balto. md,181
Filed 7- 14-, 191 4 U.C. Mchael REGISTRAR	Henry Tanning aberdeen

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting . S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: been changed or given up on account of the msease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," inqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonities," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can thre of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerpenal septichae-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

the certificate is permanently filed.

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lif death occurred in Ward) a hospital or institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) CERTIF I HEREBY Sonth) (Day (Year) TAGE If LESS than and that desth occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF 11 BIRTHPLACE .Z. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 1,3 BIRTHPLACE At place lo the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State ____ yrs, __ Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

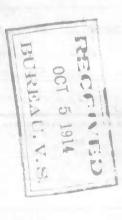
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons rcturn "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Mcastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonscquenees (e.g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, cte., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viocte., when a definite disease ean be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhaustion,"



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No [if death occorred in St:Ward) a hospital or institution. RECORD give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH COLOR OF RACE 6 MARRIED, WIDOWED. ORDIVORCED (Write the word) (Day) attended deceased from DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in DING may which employed (or employer) -----Contributory certificate 9 BIRTHPLACE (State or country) (Secondary) that Duratig 10 NAME OF FATHER (Signed) 10 back 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VioLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL 12 MAIDEN NAME plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country) yrs. mos. ... DEATH Where was disease contracted. OF MY KNOWLEDGE If not at place of death? 10 OF usual residence mportant. BEMOVAL DATE OF BURIAL CAUSE UNDERTAKER ADDRESS 0 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. naterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. cbildbirth or miscarriage, as "PUTEPERAL septichacetc., when a definite disease can be abcertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL; OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Examples:



UNFADING INK-THIS

WRITE PLAINLY, WITH

RECORD

IS A PERMANENT

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Vill	age or City Planieville (No. ,)	St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 38	ale 4 COLOR OR RACE Single, Married, WIDDWED, ORDINDRECO (Write the word)	16 DATE OF DEATH Sept. 21- ,19124 (Month) (Day (Year) 17 I hereby certify. That I attended decessed from
6 D/	(Month) (Day (Year)	that I last saw hisse allye on supply 2 1914.
TAC	\	end that death occurred on the date stated above, at 11 0 m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi	Trade, profession, or fleular kind of work. General nature of industry, ness, or establishment in the amployed (or employer)	Congestion Theorems of mos. ds.
9 81	10 NAME OF FATHER Samb, Richardson	Contributory His existing - Christie Secondary Metatula: (Duration) / yrs mos ds. (Signed) / H. Janutharu & M. O.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Md -	18 LENGTH OF RESIDENCE (FOR HOSPITAES, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
a į	Informant) Salle & Richardson	It not at place of death?————————————————————————————————————
16 File	d	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AUTHORITAGE 20 UNDERTAKER ADDRESS THE OF BURIAL ADDRESS
	If more blanks are needed, address State Regis	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fat may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or mlscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for malig-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting Mcastes (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

M.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH

STATE OF MARYLAND

County Harford	CERTIFICATE OF DEATH Registration Dist. No. 185
Villago or City Hamed had (No.	St.;—Ward) [If death occurred la a hospital or institutioe, give its NAME instead of street and nomber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mute 5 single, Married, Married, Wilsower, Wilsower, Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 [hereby Certify. That I attended deceased from
6 DATE OF BIRTH Reft. 20 182	9, 191, to, 191,
(Month) (Day (Year)	that I last saw h alive on
7 AGE If LESS th	and that destil occurred on the date stated above, at
yrs mos ds 1 day hin.	I ING CAUSE OF DEALD * Was as follows:
(a) Trade, protession, or Blacksmith particular kind of work	Ratural Courses
(b) General nature of industry, business, or establishment in which employed (or employer)	Suppose Kart Taruble mos. ds.
9 BIRTHPLACE (State or country) Oreland	Gontributory Secondary
10 NAME OF John Saruki	(Signed) 9 amph & Musly common. D.
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
2 12 MAIDEN NAME OF MOTHER CIRRICIA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSLENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Tes to Sarrete	Former or usual residence
(Address) famedenace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed Sept 28, 1914 & Charl	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers should be taken to report specifically the occupations statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. been changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Cancause of dcath approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "Puerperal poritonitis," etc. State cause for childbirth or miscarriage as "Yuerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify ail diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Harfard 9105	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 180-
VIIIage or City Havre de Frace (No	St.; Ward) [it death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black (Write the word)	16 DATE OF DEATH Seff / , 1912 Month) (Day (Year)
ODATE OF BIRTH Suff /2, 1.89. (Month) (Day (Year) 7 AGE 11 LESS than 1 day, hrs.	that I last saw her alive on 1914 to 1914 and that death occurred on the date stated above, at 5 mm. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of indostry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Have de Grace	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER HOUSE, LEMMEN 11 BIRTHPLACE OF FATHER (State or country) House de Frace 12 Maiden NAME OF MOTHER P. L.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
(Informant) Ho or ace Akmune (Address) Have de Grace	It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Seft 19, 1914) N. 19ay? REGISTRAR	20 UNDERTAKER LA ADDRESS DA Perminder From 14 de France

[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defluite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avold use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichac-Never report 0

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(Address)

1 PLACE OF DEATH 9106 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE. MARRIED. marrieg WIDOWED. ORDIVORCED (Write the word) DATE OF BIRTH Dec (Day (Month) (Year) 7 AGE If LESS than 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

fif death occurred in a hospital or Institution. give its NAME instead of street and number.]

16 DATE OF DEATH	Zeph	17		
	(Mont		(Day	(Year)
auf 15	BY CERTIFY			eased from
that I last saw h	alive on	Refix	17	, 1914
and that death occurred	on the date	stated at	pove, at 6	50 Pm.
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Sept 17, 1914.	(Address)	Street	t B.	md.
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of death yrs me	os ds.	State	yrs,	nos ds
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if not at place of death?			*************	*****
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usual residence	******************************	**********		
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If more blanks are needed, address State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the been changed or given up on account of the bisease Scrvant, Cook, Housemaid, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) Never report



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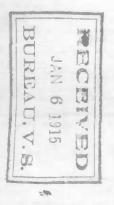
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County Harland Registration Dist. No. 180 Ilf death occurred in Village or City..... St .: Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Write the word) 2 white Under own I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH Detro State 2 5, 1914 ... to Sapet 2 6 (Month) (Day) (Year) If LESS than 7 AGE one 1110 adnamiced 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? nochine 6 OCCUPATION nostine (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) - Worse Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER . 19t (Address) 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence. DATE OF BURIAL 20 UNDERTAKER ADDRESS If more blanks are deeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the If the occupation has Farmer or Planter, As examples: For persons -Coal

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopiicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septicharetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Mcdicai Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis cer" is iess definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:



V. S. No. 1.

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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City There are the Both Both	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malu Thu Single, William Orolyonceo (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	aug 25th 1914, to Sept 12th, 1914, that I last saw him alive on Sept 11th, 1914
7 AGE 85 yrs 2 / ds. OR	and that death occurred on the date stated above, at 2 a.m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Chronic Interstitial nephrilis
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) — yrs 10 mos — ds.
9 BIRTHPLACE (State or country)	Secondary Unteria & Cleratics — Secondary (Guration) Curkware ds. ds.
10 NAME OF Sumus Treadwal	(Signed) a. 7. Vac. Bibb. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
of Mother Charlet Core	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs, mos ds. State yrs, mos ds
(Informant)	Where was disease contracted, If not at place of death?
Filed My 14, 1914 & Edgar Dean	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL 20 UNDERDARER ADDRESS
REGISTRAR	Minulan Non Belling

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Ifaemorrhage," "Inanition," "Marasthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

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Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ...

٧	* PULL NAME 26. Priginia Jun	St.; Ward) [if death occurred to a hospital or institution, give its RAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 36	I S CINCLE	16 DATE OF DEATH Sep // (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 D	### ### ### ### ### ### #### #########	that I last saw her alive on Seft 17, 1914, and that death occurred on the date stated above, at 18. m, The CAUSE OF DEATH* was as follows:
(a) pai	CCUPATION Trade, protession, or relicular kied et work General nature et iodustry, Lind mil her prandemother	Tuhuli (dayngal)
9 B	the smployed (or employer) RTHPLACE tate or country) Maryland 10 NAME OF	(Signed). (Duration) / yrs
TATHER Officians Curner 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
4	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the ot death
147	(Informant) Pleasantiille MA	If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 FI	ed Dept 18, 1914 J. Edgas Dean REGISTRAR	Tork M. E. Cerniling My Sept 1, 1917. 20 UNDERTAKER ADDRESS 26. G. Walker Pleasantille Mid.
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. causing death, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrersal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway traingenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples:



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10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

OF MOTHER

12 MAIDEN NAME

OF MOTHER (State or country)

(Address)

which employed (or employer) -----

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7 AGE	yrs	nosds.	It LESS than 1 day, J. hrs. ORmin.?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
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MARYLAND OF DEATH

Dist. No.

[It death occurred to

(Year)

a hospital or Institution,

give its NAME instead of street and number. 1

(Day)

ADDRESS

17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914,
that I last saw h. A. alive on
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH* was as follows:
The state of the s
(Memalure Dulh
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Signed) (Address) Mark Have My
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcinosis of lungs, meninges, periionacum, etc.. Carcinosis

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage, as "Purperar septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



UNFADING INK-THIS IS

PLAINLY, WITH

WRITE

should

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

tated

properly classified.

may be supplied.

DEATH in plain terms, so See instructions on back of

DEATH

CAUSE OF I

N. B.

AGE

RECORD

PERMANENT

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist.	No
Village or City Guill Green	(1)	et. West	[if death occ
Village of City	(NO.	St.:Ward)	a hospital or in

William Williams.

[if death occurred in a hospital or institution, give its NAME Instead of street and oumber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	16 DATE OF DEATH Ships /5 (Month) (Day (Year)
DATE OF BIRTH Police (Month) (Day (Year)	that I last saw him alive on sept 15, 191 %.
TAGE If LESS than t day,hrs. ORmin. ?	and that desth occurred on the date stated above, at 9,30 Pm, The CAUSE OF DEATH* was as follows: Chypnic Gestler + Bryting Searce
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Waryland	Contributory Secondary
10 NAME OF FATHER James Willams 11 BIRTHPLACE OF FATHER (State or country) Waryland 12 MAIDEN NAME	(Signed) Charles Wrs. mos. ds. (Signed) Charles Wrs. mos. ds. (Signed) Charles Wrs. mos. mos. ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Sarah Wilson 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) MALL Scelling Sheet	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or
(Address) Street B mol. Filed Sept / 7, 1914 Jas W Menally REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotice engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Never report



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No If death occurred inWard) a hospital or lostitution. give its NAME instead of street and cumber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDDWED. (Month) (Write the word) (Day I HEREBY CERTIFY. That I attended deceased DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows: OR min. ? ntew Culity BOCCUPATION (a) Trade, profession, or Hause 18 particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER (Signed ARENTS BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME EATH in piain e instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER of death (State or country ____ yrs. __ State Where was disease contracted. OF MY KNOWLEDGE if not at place of death? Former or usuai residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

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